



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E416981**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE # **15-00981**

LOCAL AGENCY CODING ☐

TOTAL # OF UNITS **02** OBJECT STRUCK ☐

DATE OF COLLISION **04** - **16** - **2015** TIME (2400) **0919** COUNTY # **31** MILES ☐ N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664** CITY # ☐

ON (PRIMARY TRAFFIC WAY) ☐ INTERSECTION ☒ NON-INTERSECTION ☐
STATE ROUTE 204 BLOCK NO. ☐ MILE POST ☐

DISTANCE ☐ MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET) **81ST AVENUE SE**
☐ FEET ☐ S ☐ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 2064349169**

LAST NAME **MCMAHON** FIRST NAME **GILLIAN** MIDDLE INITIAL **T**

STREET NEW ADDRESS ☐ **4201 NE 205TH STREET**

CITY **LAKE FOREST PARK** ST **WA** ZIP **98155**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **MCMAHGT091DH** STATE **WA** SEX **F** D.O.B. **03** - **08** - **1991**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES ☐

LICENSE PLATE # **AUD8541** STATE **WA** VIN# **JHLRD78804C011733**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2004** MAKE **HOND** MODEL **CRV** STYLE **SV** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PEMCO CA0402582**

VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # ☐ CHARGE ☐

UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE ☐

LAST NAME **CROSBY** FIRST NAME **WALTER** MIDDLE INITIAL **H**

STREET NEW ADDRESS ☐ **22919 135TH STREET NE**

CITY **GRANITE FALLS** ST **WA** ZIP **98252**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **CROSBWH705QQ** STATE **WA** SEX **U** D.O.B. **11** - **18** - **1930**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES ☐

LICENSE PLATE # **B09510V** STATE **WA** VIN# **1GCHC24U04E145339**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2004** MAKE **CHEV** MODEL **C2** STYLE **PK** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **HARTFORD 55PHJ566538**

VEHICLE LEGALLY STANDING YES ☐ NO ☒ CITATION # ☐ CHARGE ☐

OFFICER'S NAME (PRINT) **R. RUTHERFORD** BADGE OR ID # **130** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E416981**

CASE # **15-00981**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		CHAMBERS DANIELLE																	
ADDRESS & PHONE #		1876 80TH AVENUE NE LAKE STEVENS WA 98258 5202753816																	
SEX		F		D.O.B. MMDDYYYY		10		-		07		-		1984					
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY				-				-							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY				-				-							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Vehicle 2 was travelling in a S/E direction on State Route 204 and had stopped for traffic. Vehicle 2 was legally standing. Vehicle 1 failed to stop for traffic and rear ended vehicle 2. Vehicle 2 was pushed forward and rolled over in a ditch on the west side of the roadway at 81st Avenue SE. The driver of vehicle 2 did not complain of injury and was treated and released by Lake Stevens Fire Department aid crews. The vehicle was privately impounded.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

04-16-15 10:49 AM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 71

DATE

4/17/2015 5:53:14 PM

BADGE OR ID #

130

ORI #

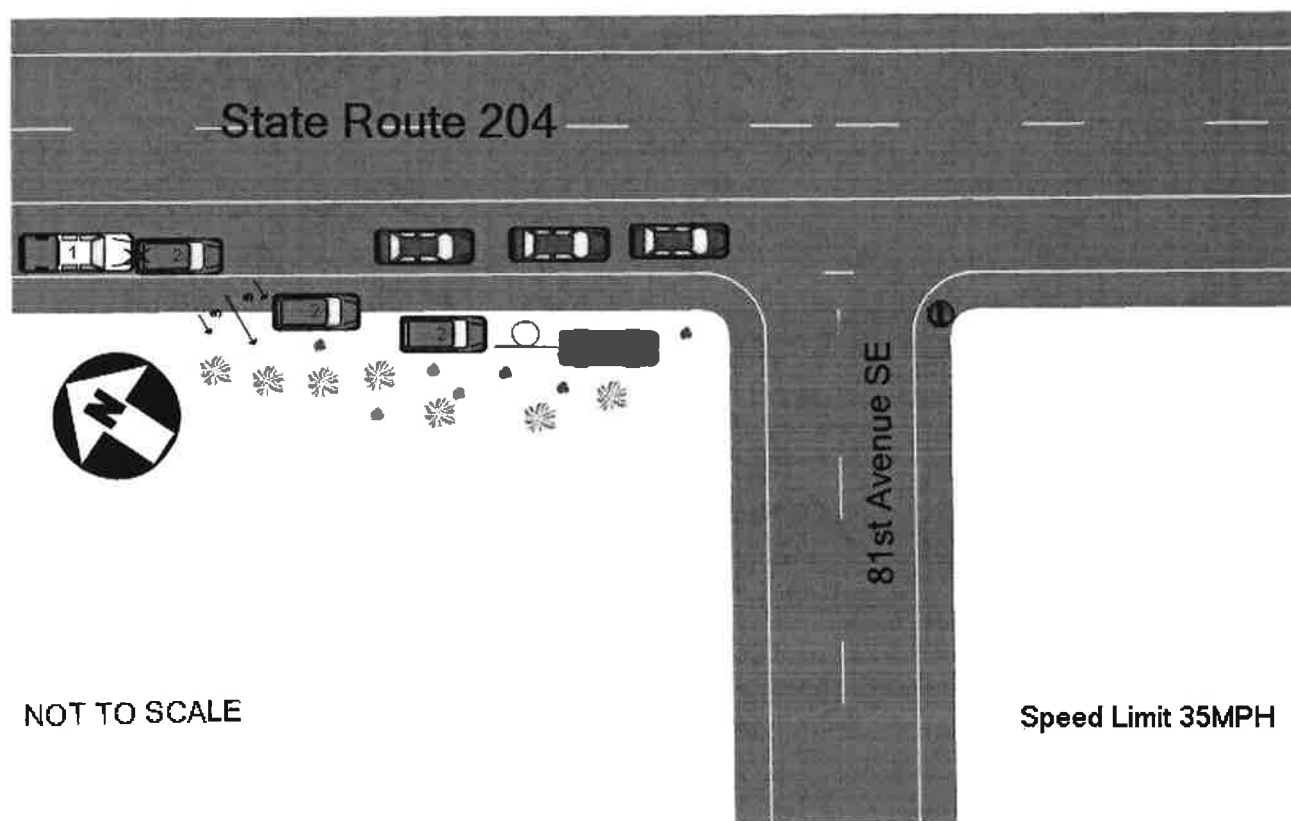
WA0311900

TIME POLICE DISPATCHED

9:19 AM

TIME POLICE ARRIVED

9:21 AM



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00981

VICTIM / WITNESS

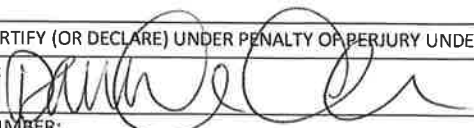
NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Chambers Danielle	RACE	ETH	SEX	DOB 10/7/84	AGE 30	HGT	WGT	HAIR	EYES
STREET ADDRESS 1816 80th Ave NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 520-275-3816		CELL PHONE 11		PLACE OF EMPLOYMENT Nordstrom						
WORK PHONE 11		EMAIL ADDRESS d.chambers612@gmail.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Driving on 204 I approached a traffic back up- to avoid rear ending the car in front- I pulled over and got stuck in a small ditch on side of road.

About 2 minutes after, while I was on the phone for roadside assistance- the silver CRV was stopped at the traffic and white truck driving anywhere from 30-40 mph hit the crv pushing it into the ditch- making it flip over upside down.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 4/16/15	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ____ OF ____









